

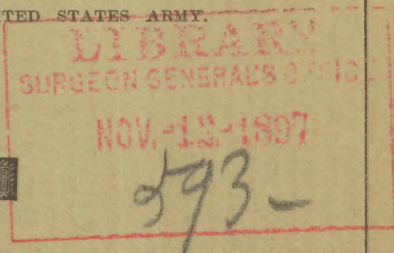
*Woodhull (A. A.)*  
*With the compliments*  
*of the Writer.*

THE  
BETTER TYPE  
OF  
MEDICAL OFFICER

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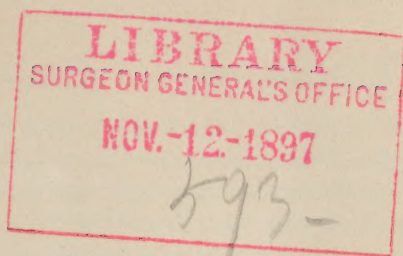
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## THE BETTER TYPE OF MEDICAL OFFICER.

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THERE are two conceptions of a medical officer one or the other of which, consciously or unconsciously, generally dominates when his duty is under consideration. One is that of a professional person attached to an army to care for the sick and wounded, whose only functions are clinical and who for convenience receives a fixed salary and has the permanence of his position secured by a commission that incidentally assures him a social status, but whose further value is purely ornamental. There are supposed to be some who think the commission entirely superfluous, and that this functionary would better be distinctly classified as simply an attached civilian. In military life this view obtains chiefly, but not entirely, among those who spend long years in permanent works and who have little familiarity with or have lost sight of the requirements of active service. It is not uncommon for civilians with pardonable ignorance to draw a verbal as well as a mental distinction between "the officers" and "the surgeons" of an army; and sometimes the novice is surprised to learn that he has any duty apart from the sick bed. Were our troops always in cantonments near inhabited places and the service required solely remedial, it might be simpler, although more costly, to engage a physician by the visit or the case, precisely as in civil life. In this view, the medical officer as such is a necessary evil of which the less required the better.

The other view is that his commission introduces him into the military hierarchy, as other civilians are from time to time introduced, as a responsible integral part thereof, interested in all

that goes to make up its efficiency, specially charged with advising or carrying out methods to increase its physical power, ever watchful against conditions that might sap its vigor, and necessarily acquiring the martial spirit so as to be in sympathy with every object, whether actually participating therein or not, that elevates and invigorates the military body. This may result in want of balance, and by infatuation with the ornamental details of the service, or indeed by devoting too much attention to serious but only correlated parts of his duty, the medical officer may invite depreciation of himself and indirectly of his corps by the apparent or real neglect of his own special functions.

The mean lies between these extremes. The medical officer who ostentatiously avows that he is not a soldier and who parades his ignorance of and indifference to the conditions among which he has voluntarily cast his lot, and he who is forever insisting upon his relative precedence, who is unduly engrossed with the consideration of tactical or other non-medical special problems and who imagines that his commission has given him a place that can be honorably maintained without further and particular special study, are alike in error. To be simply a medical recluse or to "sleep with his spurs on," is an equal violation of common sense and of taste.

The better type is a happy mean between these. Even the best judgment and the sincerest motives fail by natural limitation to attain in any particular case the true ideal or even to accomplish their own design, just as human nature fails in other directions. But it seems the duty of those who are interested to contribute of their experience and their hope for the consideration, if not the guidance, of their comrades.

Whether he likes it or not, the medical officer is a soldier. At the same time his very particular and most important duty is that pertaining to his special function. The first and essential reason of his being is to heal the sick and to restore the injured. This is not incongruous with the larger military quality, as some may think. The ordnance officer makes a weapon, the engineer runs a line, and the medical officer keeps in condition the man who using the one defends the other. The medical degree is not a limit of capacity, any more than is that of master of arts or doctor of philosophy when bestowed upon avowed soldiers. Scholastic honors,



whatever the exception, indicate widened not narrowed faculties. To assume that, in an army such as ours, either as minimized and focalized into the forty regiments of peace, in its potential form as the National Guard, or when vitalized and distended into the mobile volunteers, the mature men who carry into it their habits of study and their learning are in any essential the abstract inferiors of the callow youths or the untaught patriots upon whom commissions are bestowed, is absurd upon its face. They can learn, as well as others. And they must learn if they would hold their place, if they would be more than tolerated. The military society is an artificial one with its own usages and its own rules, not intricate but exacting, and for their acquisition there is no magic formula. More than thirty years ago I heard that admirable and accomplished veteran, Col. Cuyler, repeat the injunction he had received in his youth, that every young medical officer should steep with the regulations under his pillow for at least two years. That is good sound sense. The regulations should be as the catechism to the neophyte, to be learned as a guide and for their doctrine. The words of the regulations change, but their principles endure. If in the fancied superiority of his special knowledge he neglects what belongs to his new world, he will incur the derision if not the contempt of those to whom such details are familiar. They will judge him by their own standards, and will not condone his ignorance of what is before his eyes by any presumed intelligence of some other kind. He is not required to master the not very complicated exercises of a battalion, but it is essential that he shall learn the principles, not necessarily the minutiae of company drill, if he is not to blunder with his detachments of the hospital corps. Why such information is spurned, as it is by a few very intelligent men, is incomprehensible. A medical officer may repeat, parrot like, certain routine commands for litter-drill, but he can correct no errors if he is not familiar with the principles upon which the drill is based. The suitable exercise of these men is required for a practical purpose; no one can do it who does not know how it is done. An exalted position or peculiar erudition gives no warrant for sneering at a duty that any corporal can discharge, but that equally may devolve upon an officer.

The newly appointed medical officer should, at the very beginning, set himself to learn practically all the administrative de-

tails connected with the medical service. He is familiar enough with disease as such. In the civil hospitals he has seen many more cases than, unfortunately for his easy study of medicine, he will soon see in peace. But he should, either voluntarily or by direction, master every paper and the motive as well as the method of its preparation. This is best accomplished by doing the work himself. Whoever depends upon his enlisted men for the stated official papers, without a clear ability to prepare every one himself, is handicapped by that ignorance. One who should know better once told a young officer sent to him for instruction, "Don't bother about papers; the steward always makes them out." The young man was paralyzed just to that extent until under better auspices he did learn. The officer who must depend upon a soldier for instruction is that soldier's servant, and he is not apt to have a good master. Synchronously with learning official papers and military hospital methods, he should also learn the general principles that control his new surroundings. His first lesson, and often the hardest of all to one unaccustomed to obedience as a virtue in itself, is that of subordination; filling his particular place without encroaching upon those above or below him. Socially there is practical equality off duty among all commissioned officers. On duty the sooner one learns to comply without delay or hesitation with the direction of his seniors, the sooner will he be fitted for responsibility. Those who would command well must first learn to obey well. The best colonels are not those who have never been captains.

The young medical officer, every medical officer for that matter, cannot embrace too many opportunities to examine the particulars of the soldier's life. He should learn thoroughly all about his barracks, his bedding, his food and its preparation, his equipment and its use, and his duties by day and by night, in garrison and in the field. He may avoid some mortifying blunders and he certainly will add to the respect in which he is held and to his own efficiency by a clear knowledge of what is and what is not required of the soldier. Sympathy with the man and fondness for the service are necessary for this complemenatry education. Nothing will so quickly enable the medical officer who has red blood in him to assimilate the military conditions as to go at once on active campaign. After being in peril with them for a little while and



observing the steady courage and uncomplaining endurance of well-disciplined troops, he will come to love soldiers if he never did before and be proud to be called by their name. His status as a soldier will never be questioned by the men of the field. When once he has acquired that state, the rest is easy. When he finds a body of men depending on him and upon whom he must in turn depend, the heart reinforces the head. Fondness for good soldiers need not lead to imposition by bad ones. He must be clear-headed to discern trickery, and mindful of his responsibility to maintain discipline. Discipline is that excellent system by which every man does all that is required of him at the right time and in the proper place. Its maintenance rests upon all officers in their proper spheres. By the silent example of his own character he sets a standard, and no enlisted man should leave a hospital a worse soldier for having entered it. The conscientious attention to detail, however uninteresting, that marks the good officer soon shows its influence in better men. The principle of love for the service and for the men in it once established, his efficiency is assured. He will study the relation of his own branch to every other, and will follow the details of military life with interest and pride as his affection and intelligence direct his energy. The hospital itself will be spotless, its approaches and surroundings immaculate, and its service prompt and accurate. The very fact that he cannot be intelligently supervised in his special department will stimulate him to greater efficiency than if he were directly controlled therein, and in all the military features of his command, that he may hold in common with them, he should rival his comrades of the line. The formal "rounds" of the morning will be supplemented by frequent visits, and regularly at retreat. Two professional visits daily to the hospital are the minimum, and the seriously sick will be watched with an assiduity and a keenness not paralyzed by work that is regulated by fees. His commissioned subordinates will be inspired by his example and if necessary stimulated by his admonition, and his enlisted men will be encouraged by praise rather than driven by censure. But neglect, disorder, or disobedience should meet with prompt and sufficient but judicious punishment. In his work parallel with that of the line, as on courts or boards, in preparing reports, in the sanitary examination of the post or camp, he should take pride in doing it completely

and logically and in every point of official contact with others he should constantly remember that he is under observation, generally kindly but always real, and that those who recognize his intelligence and his fidelity will honor his corps. The standing of the corps is made by its own members.

Another and a very difficult role for the medical officer in garrison is the clinical one of a practitioner among the families. In the nature of the case he is repeatedly asked to see patients who in civil life, where the question of compensation is an important factor, would not be visited. In a large post this becomes a serious tax upon time and strength that cannot well be avoided. There is the converse advantage that when he so desires, he may frequently visit a serious case without an unworthy suspicion of interested motives arising. In order to do his best professional work, it is a moral duty for the medical officer to maintain cordial relations, so far as it is at all possible, with every officer's family. There is so frequently no other recourse for the invalids of a garrison, that a kindly feeling should always be maintained from altruistic as well as from official motives.

What is sometimes a very delicate duty often calling for extreme tact is the presentation of sanitary advice to the commanding officer. Such advice should never be tendered without occasion and always with the single motive of the public good. Bearing this in mind, the utmost pains will be taken to avoid the least unnecessary irritation. To offer advice offensively may practically defeat the object. The difference between instituting work oneself and having it inaugurated at the suggestion of a junior, should never be overlooked. In this and in every other military matter it must never be forgotten that there can be but one commanding officer. However unpleasant it occasionally may be, it must always be recognized that in all military matters the ultimate responsibility rests upon that commanding officer and through him upon higher authority. That does not lessen the necessity for every one to do his full duty, or to represent judiciously what is needed in his own particular province; but when this condition is appreciated, while it is not an excuse for listless or perfunctory service it does relieve the pressure of personal responsibility.

In his social relations with his comrades of the line, a punctilious sense of personal dignity, which does not mean a foolish



assumption of superiority, should always govern. The one point invariably to be resented is that of any derogatory nickname reflecting upon his profession. That would only be attempted by the young and foolish, but it should be suppressed with dignity at the beginning.

To discuss the administrative grade of medical director, minimized in the present regulations into that of chief surgeon, would unduly expand this paper. His functions should not be those of a clerk, to detect technical errors in formal papers and serve as a channel of transmission, up and down, with little advisory and no executive power; but by an interested personal supervision in peace to learn the character and foster the efficiency of the medical department under him, and in war actively to superintend the health and the hospital service of the army in the field. He should not be a King Stork to demoralize his juniors by distressing attention, and certainly not a King Log to sit in his office clothed with stupid inefficiency.







